

Flynn, Joann

From: Web Form Poster [jleisher@atg.in.gov]
Sent: Thursday, January 15, 2009 7:19 AM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2008

Check if this is an amendment to your current statement.:

Name (Last): Zoeller
Name (First): Gregory
Name (Middle): F.

Spouse's Name (Last): Zoeller
Name (First): Kerrie
Name (Middle): L.

Office Address (Street): 302 W. Washington St., IGCS-5th Floor Address (City):
Indianapolis Address (Zip): 46204

Office Telephone Number: (317) 233-6530 Email Address (required): jleisher@atg.in.gov

I am filing this statement as a (select one): incumbent

Office or Agency: Office of Attorney General Job Title: Attorney General

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):
Address (City):
Address (Zip):
Name (Last):

Address (City):
Address (Zip):

Name (Last):
Address (City):
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) No

Property and its location:
Property and its location:
Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer:

Nature of business:

Spouse's employer: Meridian Street United Methodist Church Nature of business: Preschool teacher

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Your Business: Gregory F. Zoeller Nature of Business: Attorney-at-law Name of Spouse's Business:

Nature of Spouse's Business:

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Your partnership: 210 Investment Group, Inc.

Nature of partnership: investments

Name of Spouse's partnership:

Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of Corporation:

Nature of Business:

Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) Yes

Name of your most recent former employer: Office of Attorney General

Address

Street: 302 W. Washington St., IGCS-5th Floor

City: Indianapolis

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
